

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036779

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8877

FILED SEP 2 1 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITALInside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison

c. CITY OR TOWN Alton

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
520 Washington AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First JAMES

Middle M.

Last TCHOUKALEFF

4. DATE OF DEATH

Month SEPTEMBER

Day 13

Year 1962

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-18-889. AGE (last birthday)
73IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done)
Retired operator10b. KIND OF BUSINESS OR INDUSTRY
food commissary11. BIRTHPLACE (City and state or country)
Resen, Masadomia12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Michael Tchoukaleff

13b. MOTHER'S MAIDEN NAME

Chrisanty Joleff

14. NAME OF HUSBAND OR WIFE

Nan Tchoukaleff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ☐ or unknown) ☒ Yes, give war or dates of service

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Nan Tchoukaleff, Alton Illinois

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

EPIDERMIOID CARCINOMA OF LUNG WITH METASTASES TO BRAIN

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

163X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from AUGUST 9, 1962 to SEPT. 13, 1962 and last saw her alive on SEPT. 13, 1962

Death occurred at 2:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

9/13/62

23a. DATE OF REMOVAL (Specify)

23b. DATE
9-13-6223c. NAME OF CEMETERY OR CREMATORY
Upper Alton23d. LOCATION (City, town, or county)
Alton Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ralph A. Gent, 2409 State Street Alton

25. DATE RECD. BY LOCAL REG.

SEP 13 1962

26. REGISTRAR'S SIGNATURE

Lead Smith, M.D.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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281207

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USE BLACK INK
OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Licensed Embalmer No. 7586

P. O. Address Altam. Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.